



Utah Small Employer Stop-Loss Universal Application

A. SMALL EMPLOYER APPLICANT INFORMATION

Employer Name: _____ Employee Count: _____

Is this a division or subsidiary? ☐ Yes ☐ No If "Yes," name of parent company: _____

Business Address _____ City _____ State _____ ZIP _____

Business Phone(____) _____ Primary Email Address: _____ Fax Number(____) _____

B. DESIRED COVERAGE LIMITS

Specific Attachment Point (at least \$10,000): \$ _____ Contract Type (minimum 12 / 24) ____ / ____

[Annual] Aggregate Attachment Point (not less than 90% of expected claims under the specific attachment point): % _____

Coverage Effective Date _____ Coverage Expiration Date _____

C. ACKNOWLEDGMENT AND SIGNATURE

- The Employer acknowledges that actual coverage offered may differ from desired coverage limits.
- The Employer acknowledges that additional information not included in this application may be requested to provide a quote for stop-loss insurance.
- ~~[The Employer agrees to abide by the insurer's enrollment provisions.]~~
- The Employer certifies that all information completed on this form is true, correct and complete.
- The Employer acknowledges that if any information provided is false, the insurer may without advance notice pursue any remedies available under state or federal law, including declaring the coverage null and void and canceling the coverage retroactive to its original effective date.

I, the Executive Officer or Authorized Representative, have read the Acknowledgment of this document and agree to its terms.

Signature of Executive Officer or Authorized Representative: _____

Print name of Executive Officer or Authorized Representative: _____

Date: _____

Utah Small Employer Stop-Loss Universal Application Guidance

The Universal Application is to be provided to a stop-loss insurer prior to coverage being offered. Generally, it is expected that the small employer group that is seeking coverage will populate the form. However, a small employer may authorize a third party to populate the form.

The contract type is the period of coverage for stop-loss where the first number represents the number of calendar months covered and the second number represents the number of months covered plus the run out period. For example, a contract starting 1/1/2014 and ending 12/31/2014 with the ability to submit claims to the reinsurer for claims incurred during the contract and paid through 12/31/2015 would be a 12 / 24 contract. Please note that the Utah Code Annotated Title 31A, Chapter 43, Small Employer Stop-Loss Insurance Act requires that the contract at least provide 12 months of coverage and provide 12 months of run out.